

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. *01 E-56 E-59* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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31		1				
32		1				
33		1				
34		1				
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46	/					
47	/					
48	/					
49						
50		1				
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

*			*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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97					
98					
99					
100					
TOTAL IND.			↓		
TOTAL DEP.			↔		↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS